

Case Number:	CM15-0042090		
Date Assigned:	03/12/2015	Date of Injury:	05/16/2002
Decision Date:	05/14/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61-year-old female who reported an injury on 05/16/2002. The mechanism of injury was not provided. The injured worker underwent a carpal tunnel release and excision of the trapezium on the right side. The injured worker received repeat nerve conduction studies on the right upper extremity in 04/2014, which revealed moderate to severe carpal tunnel findings that were persistent. Prior therapies included a thumb spica splint, a TENS unit, and medications. There was a Request for Authorization for review dated 02/02/2015. The documentation of 02/02/2015 revealed the injured worker had prior nerve conduction studies on the left side; however, the physician was requesting nerve conduction studies bilaterally. The physical examination revealed tenderness along the radioulnar joint on the right side. The injured worker had tenderness in the base of the thumb. The injured worker had no palmar abduction strength. The injured worker had tenderness along the wrist carpal tunnel on the right, and on the left, the injured worker had tenderness along the base of the thumb as well as the trapezium. The injured worker had tenderness along the A1 pulleys and a Tinel's at the wrist with a positive Phalen's. the diagnoses included carpal tunnel syndrome bilaterally, status post decompression of the right; trapezium arthritis on the right, status post excision; CMC and possibly STT joint involvement of the thumb on the left; stenosing tenosynovitis on the A1 pulley of the left thumb; and chronic pain syndrome. The treatment plan included an EMG of the upper extremities bilaterally. Additionally, it was indicated the injured worker needed home health 3 times a day 4 days a week and the injured worker was noted to need approval of Nalfon 400 mg, LidoPro lotion, Effexor XR 75 mg, and tramadol ER 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG/NCV - bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, 182; 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Protocols for electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The American College of Occupational and Environmental Medicine states that electromyography (EMG) and nerve conduction velocities (NCV), including H reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms (or both) lasting more than three or four weeks. The clinical documentation submitted for review failed to provide objective findings on the left wrist. There was a lack of documentation indicating a failure of conservative treatment and the specific conservative treatment for the left wrist. The documentation indicated the injured worker had a prior EMG/NCV on the right upper extremity in 04/2014. There was a lack of documentation indicating the injured worker had a significant change to support the necessity for a repeat study. There was a lack of documentation of both a radicular and neuropathic component to pain. Given the above, the request for an EMG/NCV bilateral upper extremities is not medically necessary.

Home help for 3 hours a day for 4 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or “intermittent” medical treatment of up to 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. There was a lack of documentation indicating what was included in home help. There was a lack of documentation indicating the injured worker was home bound and was in need of intermittent to part time medical treatment. The clinical documentation submitted for review failed to provide a rationale for the request. The request as submitted failed to indicate a duration for the request. Given the above, and the lack of documentation, the request for home help for 3 hours a day for 4 days a week is not medically necessary.

Nalfon 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Nalfon 400 mg #60 is not medically necessary.

LidoPro cream 1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105,111,28,112. Decision based on Non-MTUS Citation www.drugs.com/search.php?searchterm=LidoPro.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to provide documentation the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating the injured worker had not responded to or was intolerant of other treatments. There was a lack of documentation indicating a necessity for a 0.0375% formulation of capsaicin. Additionally, the request as submitted failed to indicate the body part and frequency to be treated. Given the above, the request for LidoPro cream 1 bottle is not medically necessary.